Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-23-07</u>	Address:	Runyan Road
Case #:	<u>32-27304</u>		Bianford, IN
County:	<u>Vermillion</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operati	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: <u>Ditch</u>			
Hydrochloric Acid Gas Generator(s):			
Corres	ive Acid:		
Corres	ave Base:		
☐ Othe⊤	(item and location):		
Yes No *If yes, fax	der age 18 discovered (check one) (number present) report to Child Protective Services	☐ Ephedri ☐ Retail/M ☑ Other: <u>di</u>	
This report is to be faxed to the following agencies that serve the location:			
Fire Depa	irtment: <u>St. Bernice V F D</u>	Fax: <u>N/A</u> Fax: <u>765</u>	
Health D	epartment: Vermillion County	Fax:	
Child Pro	tection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.D. Goldner / 5228</u> Phone (812)299-1153			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case (ile, and a copy sent to the Clandestine Laboratory Team Leader for retention.